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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

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08 APR 30 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

CKDD MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
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2008 APR 30 AM 8:00

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
OF
CKDD MANAGEMENT, INC.

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

08 APR 30 AM 9:44

FILED

Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Dissolution:

ARTICLE I - NAME OF CORPORATION

The name of the corporation is CKDD Management, Inc. (hereinafter referred to as the "Corporation").

ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution of the Corporation was authorized on March 28, 2008.

ARTICLE III - APPROVAL OF DISSOLUTION

The dissolution was approved by all of the Directors of the Corporation by written consent dated March 28, 2008, pursuant to Section 607.0821 of the Florida Statutes, and by all of the shareholders of the Corporation by written consent dated March 28, 2008, pursuant to Section 607.0704 of the Florida Statutes. The number of votes cast for dissolution was sufficient for approval.

ARTICLE IV - EFFECTIVE DATE OF DISSOLUTION

The Corporation shall be dissolved effective upon the filing of these Articles of Dissolution.

Dated this 28th day of March, 2008.

CKDD MANAGEMENT, INC.

By:


Daryl M. Carter, President

(((H08000116900 3)))

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: CKDD Management, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

- (1) Name and address of creditor
- (2) Amount of claim
- (3) Description of claim
- (4) Supporting documentation for claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CKDD Management, Inc.

c/o Daryl M. Carter


3333 S. Orange Ave., Suite 200

Orlando, FL 32806-8500

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Daryl M. Carter, President

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

(((H08000116900 3)))

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176380

FROM Francyne Carrillo

DATE 2008-04-30 18:50:17 GMT

RE FW:

COVER MESSAGE

-----Original Message-----

From: FCARRILLO@LEGALZOOM.COM

[mailto:fcarrillo@legalzoom.com]

Sent: None

To: FCARRILLO@LEGALZOOM.COM

Subject: